

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

R19 Erse

'07 JAN 24 A10:36

LOBBYIST REGISTRATION FOR MOMMISSION

(Type or Print Clearly)

(Type of Print Clearly)					
PART I LOBBYIST					
NAME (Last)	(First)	(Middle)	TELEPHONE		
Rae	David	W.	(808) 674-3117		
MAILING ADDRESS (Street	FAX				
James Campbell Bu	(808) 674-3349				
(City)	(State)		(Zip Code)		
Kapolei	HI		96707		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
James Campbell Co	(808) 674-6674				
MAILING ADDRESS (Street	FAX				
James Campbell Building, Suite 200; 1001 Kamokila Blvd.			(808) 674-3349		
(City)	(State)		(Zip Code)		
Kapolei	HI		96707		

PART II ORGANIZATI	NC		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
James Campbell Comp	(808) 674-6674		
MAILING ADDRESS (Street)	FAX		
James Campbell Buildi	(808) 674-3349		
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
David W. Rae	(808) 674-3117		
MAILING ADDRESS (Street)	FAX		
James Campbell Building, Suite 200; 1001 Kamokila Blvd.		(808) 674-3349	
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections				
PART IV CERTIFICATION	N OF LOBBYIST					
I hereby certify that the	information furnished above	e is, to the best of my knowled	ge, correct and complete.			
	41/00		//4/07			
<i>U-</i> -	(Signature of Lobbyist)		(Date)			
	(eignature of Leady) or		, . (Date)			
PART V AUTHORIZATION	N TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Stephen H. MacMillan	President & Chief Executive Officer					
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
James Campbell Company LLC			(808) 674-3283			
MAILING ADDRESS (Street)			FAX			
James Campbell Building, Suite 200; 1001 Kamokila Blvd.			(808) 674-3349			
(City)	(State)		(Zip Code)			
Kapolei	HI		96707			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
1/19/07						
(Signature of Aut	(Date)					